

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amerided Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JULI D LARAMIE	Name CARPENTERS DISTRICT COUNCIL OF ST. LOUIS			
	Labor Organization File Number 002637			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
	F.O. Box, Building and Room Number, II any			
Street 1544 STRAWBERRY GLEN CT	Street 1401 HAMPTON AVE.			
City BALLWIN	City ST. LOUIS			
State Missouri ZIP Code + 4 63021-7769	State Missouri ZIP Code + 4 63139-3159			
Position in labor organization.     CONTROLLER				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any)  7.a. Nature of Interest Transaction, or Income.				
Name .				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Change	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

on 3/27/06



Name of Person Filing JULI LARA	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name COMMERCE BANK	a. Labor Organization
Trade Name, if any:	× b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 8000 FORSYTH  City CLAYTON	
State Missouri ZIP Ccde + 4 63105-1707	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CARPENTERS PENSION TRUST FUND OF ST. LOUIS	11.a. Nature of such dealing.  COMMERCE BANK IS A MONEY MANAGER FOR THE CARPENTERS DISTRICT COUNCIL'S TRUST FUNDS.
Trade Name, if any:	
P.O. Box, Bldg , Room No., if any Street 1401 HAMPTON AVE.	
Street 1401 Mariton Ave.	11.b. Approximate dollar value of such dealing. \$807,581
City ST. LOUIS	12.a. Nature of interest held or income received.
State Missouri ZIP Ocde + 4 63139 - 3159	4/28/05 Luncheon Meeting 6/17/05 Luncheon Meeting 11/14/05 Luncheon Meeting 11/14/05 Annual Client Dinner - IFEBP Conference

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

12.b. Amount.

\$459

Name of	f Person	Filina	эттт	LARAMIE

		er	

## Part B Continuation Page

B. Held an interest in or derived income or economic banefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with
<ol><li>Name and address of Business (including trade name, if any).</li></ol>	5. Dusiness deals with
Name MARSHALL & ILSLEY TRUST COMPANY	a. Labor Organization
Toole Name of Same	a. Labor Organization
Trade Name, if any:	A C. L. Trust
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 3993 HOWARD HUGHES PARKWAY, STE 100	с. Еmployer
City LAS VEGAS	
State Nevada ZIP Coce + 4 89109-5967	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CARPENTERS PENSION TRUST FUIL OF ST. LOUIS	MARSHALL & ILSLEY TRUST IS THE CUSTODIAN FOR THE CARPENTERS DISTRICT COUNCIL'S FRINGE BENEFIT FUNDS.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1401 HAMPTON AVE.	
City ST. LOUIS	
7/D Code / 4, code 2, code	
State Missouri ZIP Code + 4 63139-3159	11.b. Approximate dollar value of such dealing. \$88,014
	12.a. Nature of interest held or income received.
	January 2005 Lunch
	February 2005 Dinner and Show April 2005 Dinner
	September 2005 Baseball Game
	12.b. Amount. \$451